



DEPARTMENT OF MENTAL HEALTH
SOUTHWEST MISSOURI PSYCHIATRIC
REHABILITATION CENTER

**From The Office Of State Auditor
Claire McCaskill**

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AUDIT REPORT

DEPARTMENT OF MENTAL HEALTH
SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER

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STATE AUDITOR'S REPORT



CLAIRE C. McCASKILL
Missouri State Auditor

Honorable Roger B. Wilson, Governor
and
Roy C. Wilson, M.D., Director
Department of Mental Health
and
Mental Health Commission
and
Richard Scotten, Executive Director
Southwest Missouri Psychiatric Rehabilitation Center
El Dorado Springs, Missouri 65744

We have audited the Department of Mental Health, Southwest Missouri Psychiatric Rehabilitation Center. The scope of this audit included, but was not necessarily limited to, the years ended June 30, 1999 and 1998. The objectives of this audit were to:

1. Review certain management practices and financial information for compliance with applicable constitutional provisions, statutes, regulations, and administrative rules.
2. Review the efficiency and effectiveness of certain management practices.
3. Review certain revenues received and expenditures made by the Southwest Missouri Psychiatric Rehabilitation Center.

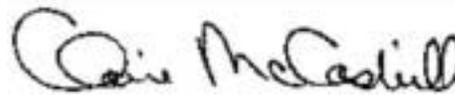
Our audit was made in accordance with applicable generally accepted government auditing standards and included such procedures as we considered necessary in the circumstances. In this regard, we reviewed the facility's revenues, expenditures, rules, regulations, and other pertinent procedures and documents, and interviewed facility personnel.

As part of our audit, we assessed the facility's management controls to the extent we determined necessary to evaluate the specific matters described above and not to provide assurance on those controls. With respect to management controls, we obtained an understanding of the design of relevant policies and procedures and whether they have been placed in operation and we assessed control risk.

Our audit was limited to the specific matters described above and was based on selective tests and procedures considered appropriate in the circumstances. Had we performed additional procedures, other information might have come to our attention which would have been included in this report.

The accompanying History, Organization, and Statistical Information is presented for informational purposes. This information was obtained from the facility's management and was not subjected to the procedures applied in the audit of the Department of Mental Health, Southwest Missouri Psychiatric Rehabilitation Center.

The accompanying Management Advisory Report presents our findings arising from our audit of the Department of Mental Health, Southwest Missouri Psychiatric Rehabilitation Center.



Claire McCaskill
State Auditor

February 9, 2000 (fieldwork completion date)

The following auditors participated in the preparation of this report:

Director of Audits:	Kenneth W. Kuster, CPA
Audit Manager:	David Holtmann, CPA
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	Jody Vernon, CPA
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MANAGEMENT ADVISORY REPORT SECTION

DEPARTMENT OF MENTAL HEALTH
SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
SUMMARY OF FINDINGS

1. El Dorado Springs Facility (pages 7-8)

The Department of Mental Health (DMH) and the Southwest Missouri Psychiatric Rehabilitation Center (SWMPRC) did not adequately plan or monitor the design of the new facility. As a result, additional costs were incurred and potential reimbursements for client care may have been lost.

2. Expenditures and Related Items (pages 8-10)

The facility allowed other DMH facilities to expend funds from SWMPRC's appropriations. The facility also purchased property items in advance of need and did not adequately assess the need for some cellular phones and pagers.

3. Supported Community Placement Operations (pages 10-12)

Several problems were noted during our review of client funds maintained by community placement facilities.

4. Fixed Assets (pages 12-13)

A physical inventory of fixed assets is not conducted on an annual basis and the physical inventory is not performed by an individual independent of the record-keeping duties. Fixed assets purchased were not always recorded on the fixed asset listing. Written authorization is not always required for all property dispositions and the method of disposition is not adequately documented. Property tags are not assigned and placed on the items upon the receipt of fixed assets.

5. Vehicle Usage (pages 13-14)

The facility needs to reevaluate the use of some state-owned vehicles. Vehicle logs are not complete or properly monitored.

6. Inventory Records and Procedures (pages 14-15)

The facility has not established adequate inventory records and procedures for certain inventory supplies.

7. Receipt Controls and Procedures (pages 15-16)

Controls over receipts are in need of improvement. The method of payment is not recorded on the receipt slips and checks issued are not always signed by two of the designated cosigners.

8. Employee Meals (pages 16-17)

The facility needs to review the practice of providing meals to employees.

DEPARTMENT OF MENTAL HEALTH
SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
MANAGEMENT ADVISORY REPORT-
STATE AUDITOR'S FINDINGS

1. El Dorado Springs Facility

As a result of a legislative action in December 1991, much of the state owned property from the Nevada State Hospital was transferred to the city of Nevada when the state hospital was closed. After the transfer of this property to the city of Nevada, the state continued to use (rent free) part of this property to operate the Southwest Missouri Psychiatric Rehabilitation Center (SWMPRC), formerly Southwest Missouri Mental Health Center. In July 1994, the city of Nevada started charging the state rent for the space they had occupied since the closure of the Nevada State Hospital. From July 1994 until October 1997, the state continued to use this space and paid \$246,167 in rent to the city of Nevada. SWMPRC continues to maintain some administrative offices in the city of Nevada.

In May 1995, a 15-year lease contract was awarded for the construction of a new facility for the SWMPRC. This building was designed to provide office space and a 12 bed residential treatment facility in El Dorado Springs. Before construction began on the new facility, the original plans were substantially modified to provide for administrative offices and a 24 bed residential treatment facility. Our review disclosed that the Department of Mental Health (DMH) and SWMPRC did not adequately plan or monitor the design of this new facility to meet Medicaid standards, and did not ensure that certain safety features were included. Furthermore, since neither the DMH nor the SWMPRC indicated compliance with the Medicaid standards was a requirement, the Office of Administration (OA) did not specify compliance with such standards when bidding the project. These design deficiencies have resulted in potential lost client revenue and additional construction and rental costs for the state.

For DMH facilities to receive Medicaid reimbursements, the facilities must meet minimum federal standards relating to room size, physical facilities, programming, staffing, etc. The process by which it is determined whether federal standards are met is called certification. Beds are "certified" when they have been determined to meet these standards. The client rooms at SWMPRC do not meet specific size requirements and, therefore, are not certified. As a result, the new El Dorado Springs facility is unable to seek reimbursement from Medicaid for those clients that would otherwise qualify. It should be noted that certain private insurance companies also require Medicaid standards be met to qualify for reimbursement. The amount of potential reimbursement revenue that has been lost by the state could not be determined.

The SWMPRC's 15-year lease contract for the facility in El Dorado Springs commenced April 1997. Terms of the contract required a one time payment of \$31,319 and annual rent of

\$106,628. However, before the SWMPRC could move into the new facility, several changes had to be made to the new building. The state paid \$101,038 to the lessor to make needed improvements related to the types of clients to be served by the facility. These modifications included items such as changes to shower and sprinkler heads, alterations to shower bases, and changes to light switches in some common areas of the building. It appeared these modifications to the new facility were for items that should have been included in the original proposal. Furthermore, while these modifications were being made, the SWMPRC paid \$36,222 in rent payments to the city of Nevada to continue to use their existing facility while also paying \$65,997 in lease payments for the new building for the months April through October 1997.

To protect the interests and resources of the state, construction and acquisition of facilities must be adequately planned and monitored. Inadequate planning and monitoring of the new SWMPRC has resulted in the state incurring additional construction costs of more than \$101,000, additional rental costs of at least \$36,222, and the inability to seek reimbursement for client care from Medicaid for some clients that would otherwise qualify for benefits.

WE RECOMMEND the DMH and SWMPRC ensure all future projects are adequately planned and monitored. Furthermore, considering the length of the SWMPRC lease, the department should evaluate all available options, including whether it would be cost beneficial to pursue a different facility for the SWMPRC that would meet Medicaid standards.

AUDITEE'S RESPONSE:

We agree that all future projects should be adequately planned and monitored as has been done in the past. The Department has and will continue to plan and monitor all projects. This planning and monitoring process is evident in that over the last several years multiple new facilities have been built and are in operation serving hundreds of individuals statewide. However, we will reevaluate the current lease for the facility in relation to the program/clients being served. Any reimbursement for services may be limited as the role and responsibility of this facility is as a "safety net" for individuals in the region after they had exhausted all other resources. It was anticipated that a client with any third party insurance/resource would be referred to the private sector for services. Additionally, individuals between the ages of 21 to 65 are not eligible for their services to be covered by Medicaid while in an institute for mental disease.

2. Expenditures and Related Items
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- A. During the year ended June 30, 1999, the SWMPRC received pharmacy medication credits resulting from the pharmacy not properly billing Medicaid for eligible prescriptions for the year ended June 30, 1998. The error was discovered and the pharmacy began applying credits to the year ended June 30, 1999 expenditures. As a result of these credits being applied to fiscal year 1999 medication costs, the facility

estimated approximately \$217,700 of its fiscal year 1999 appropriations would not be spent and would lapse at year end. Because of these anticipated unspent appropriations, the DMH directed the SWMPRC to pay costs of the Fulton State Hospital from its anticipated unspent fiscal year 1999 appropriations.

Our review found that more than \$161,200 was expended from the SWMPRC's appropriations for operating costs of the Fulton State Hospital. These expenditures were represented and processed as SWMPRC's expenditures. As a result, the SWMPRC's operating costs are overstated and the DMH circumvented the legislative intent by allowing Fulton State Hospital to inappropriately charge expenditures to SWMPRC's appropriation. Section 33.040, RSMo 1994, provides that expenditures shall be within the purpose of the appropriation, and Section 33.170, RSMo 1994, states that no claim shall be paid unless the money for such claim has been previously appropriated by law. Furthermore, the SWMPRC falsely certified that the amounts presented for payment were proper and valid charges against the fund and the SWMPRC's appropriations.

- B. The facility purchased \$25,686 of various assets (bedroom and living furniture and various recreational items) for a proposed expansion of the El Dorado Springs Facility in June 1999. The expansion (an amendment to the 15 year lease) was not approved until October 1999 by the OA-Division of Facilities Management, and the bids for the building project have not yet been awarded. Therefore, the items purchased for the expansion remain idle in storage. In addition, several of the items purchased (television, stereo, and VCR) were stolen from the storage facility in January 2000.

Buying items before they are needed is an unnecessary use of state funds. In addition, failure to utilize all available property increases the possibility that unused assets will be lost, stolen, or otherwise misused.

- C. The facility expended \$6,017 and \$10,576 for cellular phone charges for the year ended June 30, 1999 and 1998, respectively. Thirteen phones are maintained for various employees including the executive director, personnel director, unit manager, the business office, and the residential care department. The executive director and unit manager both maintain two cellular phones and a pager which resulted in costs to the facility of \$4,439 during the two years ended June 30, 1999 (at least \$2,207 in unnecessary or excessive costs). It does not appear reasonable for these two individuals to each have two cellular phones and a pager.

WE RECOMMEND the facility:

- A. Along with the DMH, discontinue the practice of allowing other DMH facilities to expend funds from SWMPRC's appropriations.

- B. Cease purchasing property items in advance of the need.
- C. Review and assess the need for the cellular phones utilized by SWMPRC personnel.

AUDITEE'S RESPONSE:

- A. *We understand the State Auditor's concern and agree with the recommendation. However, throughout our system the increasing cost of clinically appropriate medications have impacted on the ability to maintain desirable levels of care. Over the past few years the Governor and Legislature have recognized the need in this area and have been responding with additional funding dedicated for drugs, especially the newer generations of psychotropic medication. Their efforts are making strides in alleviating much of the impact of medication cost increases. However, in the Fiscal Year 1999 there were huge pressures on facilities operating budgets resulting mainly from medication cost increases. For instance, Fulton State Hospitals medication usage increased by over 63% (\$600,000+) between 1996 and 1999. The new funding received prior to 1999 did not cover the increased cost the system was experiencing. Southwest Missouri Psychiatric Rehabilitation Center's medication cost in FY 1999 was materially less than in prior years due to one-time credits received from their supplier. This one-time savings in medication cost at Southwest was used to assist Fulton with their medication costs.*
- B. *Southwest Missouri Psychiatric Rehabilitation Center does not normally purchase items in advance of the need. Correspondence from the Office of Administrations Division of Facilities Management regarding "Acceptance of the proposal" was dated November 2, 1998 and the "Notice of Award to Amend" lease was dated December 15, 1998. These dates were prior to the June 1999 purchases. The first bid for construction was not successful, which caused an unanticipated delay. It should be noted the bidding process was conducted by the city.*
- C. *We have reviewed the number of cellular phones and pagers currently in use and have eliminated one cellular phone and one pager by effective September 1, 2000. We feel the remaining cellular phones and pagers are essential to our operation based in extreme rural Southwest Missouri. Our staff are responsible for the life, safety, and well being of our clients and must be accessible.*

3. Supported Community Placement Operations
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Through Community Placement (CP), the SWMPRC purchases residential care in community-based facilities for clients who would otherwise require institutionalization. These placement facilities include residential care centers, group homes, foster homes, supervised apartments, and nursing homes providing intermediate or skilled nursing care. The SWMPRC and the placement facility enter into a master agreement which is a contract specifically identifying all services to be performed by both parties.

As a part of our review of the CP Program, we visited six placement facilities. A review of client funds and their property being maintained at those facilities disclosed the following concerns:

- A. Three of the CP facilities visited maintained client funds in the CP facility's operating account. This procedure of commingling the client's personal money with the facility's operating funds is a violation of the contract between the SWMPRC and the placement facility. Furthermore, it increases the likelihood that client monies are not being adequately safeguarded or accounted for properly.
- B. At two of the CP facilities, clients were not always required to initial their ledger sheets when obtaining their personal allowances in the form of cash. Not only is this in violation of the master agreement, this practice increases the risk of misuse of client funds.
- C. Three of the CP facilities reviewed did not always retain invoices or vouchers to support the disbursements made from client funds. The master agreement requires adequate documentation to support the expenditure of client funds. Without original invoices or vouchers, it is not possible to verify that clients' monies are spent only for their benefit.
- D. At one of the six facilities, client purchases exceeding \$100 were not approved by SWMPRC prior to the transaction, as required by the master agreement. All purchases exceeding \$100 should be approved prior to the purchase to ensure they are necessary and for the direct benefit of the client for whom the purchase is being made.
- E. Three CP facilities visited allowed some client accounts to maintain a negative balance. The noted deficits were as large as \$127 in September 1999. The master agreement between the SWMPRC and the placement facilities prohibits using monies of one client to defray expenses of another. Allowing some clients to have negative balances results in other clients' monies being used to cover their expenses.

WE RECOMMEND the SWMPRC require the CP facilities to:

- A. Cease commingling client funds with the general operating funds of the placement facility.
- B. Require the clients to initial their ledger sheets when obtaining cash.
- C. Retain adequate documentation, such as original invoices, to support expenditures made from client funds.
- D. Obtain prior approval from the SWMPRC for client purchases that exceed \$100.

- E. Monitor the client accounts to ensure negative account balances do not occur.

AUDITEE'S RESPONSE:

A-E. We concur with the recommendations and will strengthen existing monitoring procedures to ensure compliance with contract provisions.

4. Fixed Assets

Our review of the fixed assets and related record-keeping procedures indicated the following areas where improvements are needed:

- A. A physical inventory is not performed annually. One physical inventory was performed during the two years ending June 30, 1999; however, the date of the physical inventory was not documented, and the physical inventory counts were not reconciled to the perpetual inventory records. In addition, the physical inventory was performed by the same person who was responsible for maintaining the property records.

To provide assurance that all property exists and can be located, the facility should ensure the physical inventories are fully completed and reconciled to the perpetual inventory records. The physical inventory should be performed by someone other than the individual who maintains the fixed asset records to ensure adequate control over fixed assets.

- B. Fixed asset purchases and dispositions are not reconciled to the fixed asset listings. We noted the facility failed to record purchases of furniture items totaling \$34,874, a vehicle costing \$17,891, and a water softener filtration system costing \$4,200. In addition, dispositions are not recorded on a timely basis.

Adequate fixed asset records are necessary to provide better controls over state-owned property and provide a basis for proper financial reporting. Reconciliations are necessary to ensure all property items purchased or disposed are being properly recorded and controlled.

- C. Supervisory approval is not required for any dispositions to the fixed asset records. In addition, the method of disposition is not documented. The lack of adequate procedures for dispositions recorded to the fixed asset records diminishes the control over state-owned property.
- D. Property control tags are not always affixed to the items immediately upon receipt. Property items purchased after July 1, 1999, had not been tagged. Property control

tags help identify property and safeguard the property from loss.

WE RECOMMEND the facility:

- A. Conduct a physical inventory of fixed assets on an annual basis and ensure the physical inventory of fixed asset items is performed by an individual independent of the record-keeping duties.
- B. Include all fixed asset purchases and dispositions on the property records and periodically reconcile purchases and dispositions to the records to ensure all items purchased and disposed of are properly and promptly recorded.
- C. Ensure written authorization is required and maintained for all property dispositions, and the method of disposition is adequately documented.
- D. Assign and affix property tags to fixed assets upon receipt.

AUDITEE'S RESPONSE:

A-D. We concur with the recommendations and will continue to comply with applicable regulations. Annual physical inventories were taken. However, the DMH Property Control System was not available to us for use as of July 1999 as it was closed pending conversion to SAM II. We will insure this process is formalized in the future.

5.

Vehicle Usage

At June 30, 1999, the facility had eight state-owned vehicles, consisting of three vans, three passenger cars, one sport utility vehicle, and a pickup truck.

- A. The facility allows the Executive Director and the Unit Manager to use a state-owned vehicle to commute from their homes to the El Dorado Springs Office. The Executive Director commutes from his home in Walker to El Dorado Springs, or approximately a 50-mile daily round trip. Total mileage driven by this employee in the state-owned vehicle for commuting purposes was approximately 7,800 out of the 12,446 total miles (63 percent) driven during the year ending June 30, 1999. The Unit Manager commutes from her home in Foster, or approximately a 100-mile daily round trip. Total mileage driven by this employee in the state-owned vehicle for commuting purposes was approximately 23,100 out of the 25,809 total miles (90 percent) during the year ending June 30, 1999.

We also noted that the facility allows the Assistant Center Director to use a state vehicle to drive from the Nevada facility to the El Dorado Springs facility. The facility justifies this by indicating the Assistant Center Director picks up the interoffice mail. This employee resides in Nevada, however, is officially domiciled

at the El Dorado Springs facility. This employee does not report any taxable fringe benefit for this usage of the state vehicle.

Considering the level of business miles driven, the vehicles used by the Executive Director and Unit Manager do not appear to be justified for business purposes. The facility should ensure that all state vehicles are appropriately used and justified for business purposes.

- B. Mileage logs maintained by the facility do not always indicate the purpose of the trips. Furthermore, there is no indication of any periodic reviews of the vehicle logs. Facility policy requires the purpose of the trip be recorded. Such documentation and reviews of the logs are necessary to determine if the vehicles are being used efficiently and only for official state business.

WE RECOMMEND the facility:

- A. Reevaluate the use and need for the abovementioned state-owned vehicles and ensure all vehicles are used appropriately and justified for business purposes.
- B. Ensure the purpose of trips is recorded on the vehicle logs and periodically review these logs to ensure the vehicles are being used efficiently and appropriately.

AUDITEE'S RESPONSE:

A&B. We concur with the recommendations and have reviewed all vehicle assignments.

6. Inventory Records and Procedures
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- A. During December 1997, the SWMPRC investigated an employee for alleged stealing from the facility's general, food and medical inventory supplies. The facility does not maintain any records relating to the general, medical, and food inventory supplies and therefore was not able to substantiate any shortages of supplies. Without adequate inventory records and procedures, the facility is not able to identify or investigate possible misuse or theft of inventory items.
- B. The facility contracts with a local pharmacy to provide all patient medications. The inventory records for prescription medications and narcotic drugs appear to provide adequate control. However, inventory records are not maintained for all nonprescription drugs. A perpetual inventory record for nonprescription drugs would provide controls over nonprescription drugs.

WE RECOMMEND the facility:

- A. Establish adequate inventory records and procedures for the inventory supplies.
- B. Evaluate the feasibility of establishing perpetual inventory records for all nonprescription drugs.

AUDITEE'S RESPONSE:

A&B. Currently the facility does not maintain an inventory of either supplies or pharmacy items as we have gone to a "just in time" purchase system for supplies. This system does not require large warehousing of inventories. Additionally, we have contracted with a local pharmacy to provide medications.

7. Receipt Controls and Procedures

- A. Moneys received at the El Dorado Springs facility are opened by two clerks in the executive office. These clerks forward the receipts to a clerk in the business office who prepares a generic receipt slip, restrictively endorses the checks, and places the receipts in a mail bag to be taken to the Nevada facility. When receipts are delivered to the Nevada facility, a clerk prepares a listing of the receipts and the deposit slip. The receipts are then given to the accountant who writes an official state receipt and enters the receipts on the computer. Each Monday, the accountant takes the receipts and related records back to El Dorado Springs where she reconciles her records with the business office clerk's receipt slips. Finally, the deposit is made by the accountant in El Dorado Springs.

We noted the following concerns related to the facility's procedures related to the handling of receipts:

- 1) An initial receipt record or mail log of receipts is not prepared immediately by the mail opener.
- 2) Receipts are handled by five individuals and transported back and forth from two facilities before being deposited. Receipts should be recorded and deposited daily or when accumulated receipts exceed \$100.
- 3) Checks are not restrictively endorsed immediately upon receipt.

To reduce the risk of loss or misuse of funds, checks should be restrictively endorsed and an initial record or mail log should be prepared for all receipts immediately upon receipt. Receipts should be recorded and deposited daily.

- B. The facility accepts cash, checks, and money orders. Receipt slips issued do not indicate the method of payment received. To ensure all receipts are deposited intact, the method of payments received should be indicated on the receipt slips. The composition of receipt slips issued should be reconciled to the composition of the bank deposits.
- C. Checks written from the petty cash funds require two signatures. We noted that checks are sometimes only signed by one of the cosigners. When this occurs, the accountant contacts the bank to notify them that the checks will only have one signature. This practice weakens administrative control and defeats the purpose of a dual signature system.

WE RECOMMEND the facility:

- A. Restrictively endorse all checks and prepare an initial record or mail log of all receipts immediately upon receipt. In addition, receipts should be recorded and deposited daily or when accumulated receipts exceed \$100.
- B. Record the method of payment on the receipt slip and reconcile daily the composition of cash and checks deposited to the receipt slips.
- C. Ensure checks are signed by two of the designated cosigners.

AUDITEE'S RESPONSE:

- A. *Checks are restrictively endorsed immediately after verification that Southwest Missouri Psychiatric Rehabilitation Center is the intended payee.*

B&C. This is our policy.

8.	Employee Meals
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Section 630.186, RSMo 1994, states “Any purchase of food in any institution under the control of the department, other than the usual quantity purchased for the patients or residents thereof, to be used by or for anyone other than the patients or residents of such institution shall be charged directly to the individual responsible for such purchase.”

The SWMPRC provides meals to employees at no charge as part of a “modeling” program. The purpose of the program, according to facility personnel, was to encourage employees to eat with the clients to set a good example. The program had an estimated cost of \$29,371 for the year ended June 30, 1999. The providing of free meals to employees appears to violate the abovementioned state law.

WE RECOMMEND the facility review the practice of providing free meals to employees.

AUDITEE'S RESPONSE:

We do not consider the modeling program as providing free meals to employees rather it is a responsibility of the direct care staff to eat with the clients. The modeling program teaches the clients daily living skills and taking meals with the clients is only a part of the program. Tasks such as cleaning their rooms, proper hygiene, and laundry are other examples of the skills being taught through the modeling program. Only the direct care staff responsible for this program, eat with the clients.

This report is intended for the information of the management of the Southwest Missouri Psychiatric Rehabilitation Center and other applicable government officials. However, this report is a matter of public record and its distribution is not limited.

STATISTICAL SECTION

History, Organization, and Statistical Information

DEPARTMENT OF MENTAL HEALTH
SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
HISTORY, ORGANIZATION,
AND STATISTICAL INFORMATION

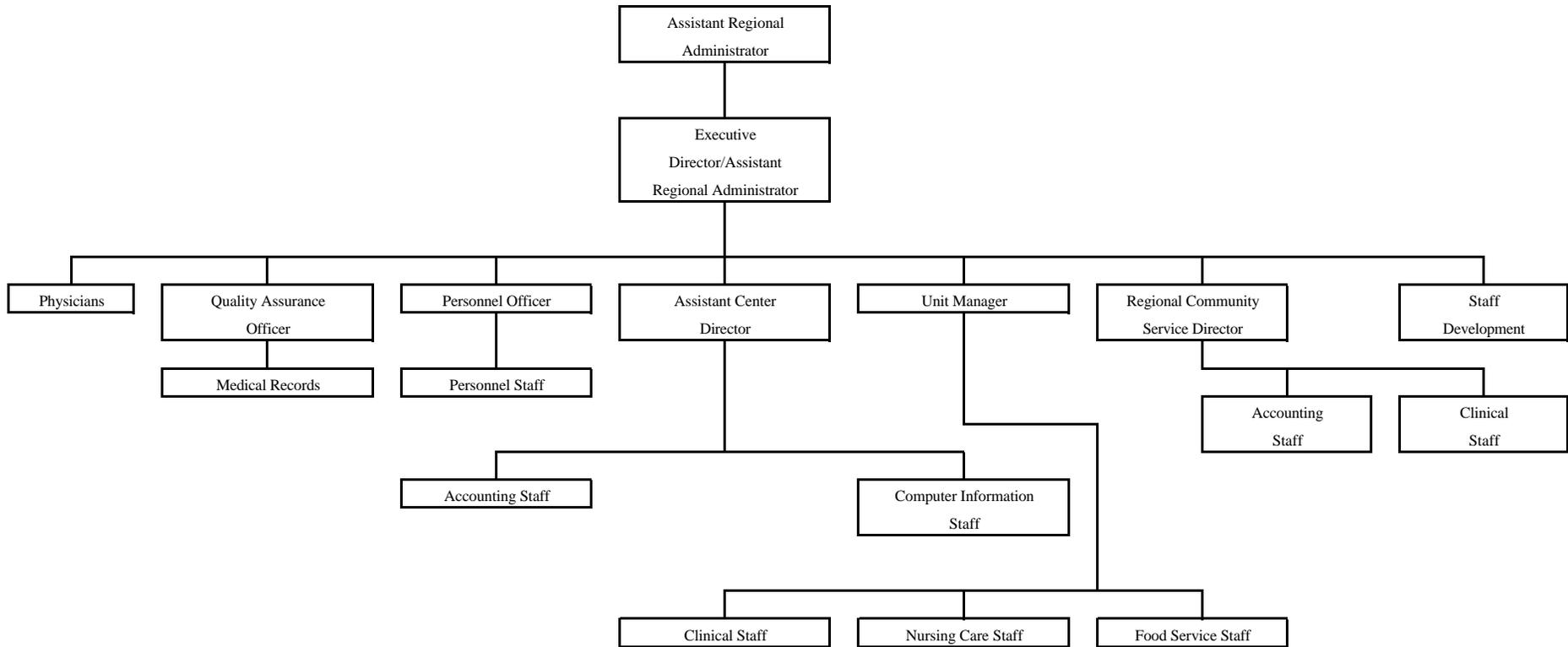
In December, 1997, Southwest Missouri Psychiatric Rehabilitation Center (SWMPRC) formerly Southwest Missouri Mental Health Center, moved into a new facility in El Dorado Springs from its previous location in Nevada. The 24-bed, adult psychiatric treatment facility provides both acute and long-term care. SWMPRC continues to maintain some administrative offices in the city of Nevada.

The facility accepts those persons in need of treatment for serious mental illness and mental disorders. The staff of the facility provide psychological rehabilitation to enable the clients to return to the community. Following discharge, community-based care and treatment is provided by staff of the Administrative Agents through the Purchase of Service Program, the decentralized community placement program, and the Medicaid-funded targeted case management and Community Psychiatric Rehabilitation Center programs. Treatment services are monitored by the staff of the southwest Regional Supported Community Living Program, located in Nevada.

The cost of care, both in-patient treatment and supported community living patients, is shared by the client, based on ability to pay, and the Department of Mental Health.

At June 30, 1999, the SWMPRC had 148 employees. These employees were assigned to various administration, medical and service functions. Richard Scotten serves as the Executive Director. Statistical data and an organization chart follows.

DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 ORGANIZATION CHART
 JUNE 30, 1999



DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 STATISTICAL DATA

	Year Ended June 30,	
	1999	1998
INPATIENTS (at year end)	23	21
OCCUPANCY		
Total number of beds	24	24
Average daily census	22	20
Bed occupancy percentage	92%	83%
Supported Community Living patients	793	733
Outpatients*	0	542

* Outpatient services were privatized on June 30, 1998.

Appendix A

DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 COMPARATIVE SCHEDULE OF APPROPRIATIONS AND EXPENDITURES

	Year Ended June 30,					
	1999			1998		
	<u>Appropriations</u>	<u>Expenditures</u>	<u>Lapsed Balances</u>	<u>Appropriations</u>	<u>Expenditures</u>	<u>Lapsed Balances</u>
GENERAL REVENUE FUND-STATE						
Personal service	\$ 2,571,393	2,515,984	55,409	0	0	0
Expense and equipment	1,045,939	907,536	138,403	109,857	105,604	4,253
Personal service/expense and equipment	99,788	41,002	58,786	5,257,001	5,113,040	143,961
Supported Community Living	3,250,186	3,250,086	100	4,256,799	3,365,513	891,286
Total General Revenue Fund-State	\$ <u>6,967,306</u>	<u>6,714,608</u>	<u>252,698</u>	<u>9,623,657</u>	<u>8,584,157</u>	<u>1,039,500</u>

Appendix B

DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 COMPARATIVE SCHEDULE OF EXPENDITURES (FROM APPROPRIATIONS)

	Year Ended June 30,			
	1999		1998	
	General Revenue Fund - State	Mental Health Trust Fund **	General Revenue Fund - State	Mental Health Trust Fund **
Personal Service	\$	0		0
Travel and vehicle:				
Travel	82,137	0	144,098	0
Other expense	17,781	0	6,457	0
Equipment purchases	437	0	52,002	0
Office and Communication:				
Expense	108,139	0	133,543	0
Equipment purchases	19,883	0	101,050	0
Institution and physical plant:				
Food and food service	149,592	0	86,453	0
Fuel and utilities	18,773	0	57,303	0
Drugs and medicine	52,488	0	480,522	0
Laundry service	10,789	0	13,027	0
Housekeeping supplies	15,390	0	6,483	0
Maintenance supplies	50,794	0	39,979	0
Medical and laboratory expense	35,376	0	88,855	0
Other expense	23,413	0	12,644	0
Equipment purchases	33,953	0	93,280	0
Lease	159,796	0	251,150	0
Data processing:				
Expense and equipment	74,835	0	81,614	0
Professional services	8,255	0	7,788	0
Other expense	71,903	0	198,240	0
Supported Community Living	3,250,086	0	3,365,513	0
Benefit of patients	0	1,089	0	1,871
Total Expenditures	\$			

** The Mental Health Trust Fund is funded through donations and gifts made by patients, patients' family, and other citizens that have an interest in Mental Health Services. The Mental Health Trust Fund expenditures are charged to department-wide appropriations.

Appendix C

DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 COMPARATIVE SCHEDULE OF RECEIPTS

	Year Ended June 30,			
	1999		1998	
	General Revenue Fund - State	Mental Health Trust Fund	General Revenue Fund - State	Mental Health Trust Fund
Charges from Patients:				
Private pay and insurances	18,811	0	43,060	0
Medicaid	91,404	0	546,983	0
Medicare	16,564	0	73,890	0
Other	835	0	1,241	0
Trust Fund	\$ 0	1,410	0	2,045
Total Receipts	<u>127,614</u>	<u>1,410</u>	<u>665,174</u>	<u>2,045</u>

Appendix D

DEPARTMENT OF MENTAL HEALTH
 SOUTHWEST MISSOURI PSYCHIATRIC REHABILITATION CENTER
 COMPARATIVE SCHEDULE OF RECEIPTS, DISBURSEMENTS, AND CHANGES IN CASH
 AND CASH EQUIVALENTS - MEMBERS CASH FUND

	Year Ended June 30,	
	1999	1998
RECEIPTS		
Residents' deposits	\$ 533,106	588,550
Interest income	2,060	2,470
Total Receipts	<u>535,166</u>	<u>591,020</u>
DISBURSEMENTS		
Community living expenses	504,680	430,271
Resident's withdraws	39,210	144,787
Refunds to Social Security Administration	11,001	12,846
Total Disbursements	<u>554,891</u>	<u>587,904</u>
RECEIPTS OVER (UNDER) DISBURSEMENTS	(19,725)	3,116
CASH AND CASH EQUIVALENTS, JULY 1	<u>35,107</u>	<u>31,991</u>
CASH AND CASH EQUIVALENTS, JUNE 30	<u>\$ 15,382</u>	<u>35,107</u>

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